

# COPY

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**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)**

To: Department of Alcoholic Beverage Control  
1901 Broadway  
Sacramento, Calif. 95818

Stockton

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for  
licenser described as follows:

**2. NAME(S) OF APPLICANT(S)**

CLAVARINETA, Eliexser/Estefana R.

**1. TYPE(S) OF LICENSE(S)**

Off Sale Beer &amp; Wine

Applied under Sec. 24044 ☐

Effective Date: ISSUANCE

**FILE NO.****RECEIPT NO.**GEOGRAPHICAL  
CODE 3902Dole  
Issued

Temp. Permit

Effective Date:

**3. TYPE(S) OF TRANSACTION(S)****FEE****LIC.  
TYPE**

Original License

\$ 100.00

20

Annual Fee

28.00

**4. Name of Business**

Eliexser's Markets Deli

**5. Location of Business—Number and Street**

116 W. Turner Road, Suite C

City and Zip Code

Lodi, CA 95240

County

San Joaquin

TOTAL

\$ 128.00

**6. If Premises Licensed,  
Show Type of License**

No

**7. Are Premises Inside  
City Limits?**

Yes

**8. Mailing Address (if different from 5)—Number and Street**

18 19899 N. Devries Road, Lodi, CA 95240

(Temp) (Perm)

Perm

**9. Have you ever been convicted of a felony?**

No

**10. Have you ever violated any of the provisions of the Alcoholic  
Beverage Control Act or regulations of the Department per-  
taining to the Act?**

No

**11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.****12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and  
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of San Joaquin

Date 3-14-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT  
SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

County of

Date

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below, and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**16. Name(s) of Licensee(s)****17. Signature(s) of Licensee(s)****18. License Number(s)****19. Location**

Number and Street

City and Zip Code

County

**Do Not Write Below This Line; For Department Use Only**Attached: ☐ Recorded notice.☐ Fiduciary papers.☐

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Paid at

Office on

Receipt No.

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1969 MAR 15 AM 9:08

ALICE M. REIMCHE  
CITY CLERK  
CITY OF LOUI

*[The following text is mirrored and appears to be bleed-through from the reverse side of the page. It is not legible.]*

STATE OF LOUISIANA

IN SENATE

January 13, 1969

REPORT OF THE

COMMISSIONER OF REVENUE

FOR THE YEAR 1968

BY

JOHN H. BROWN

COMMISSIONER

REVENUE

STATE OF LOUISIANA

IN SENATE

January 13, 1969

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control  
1901 Broadway  
Sacramento, Calif. 95818

The undersigned hereby applies for  
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

McCARVER, Frances/Leo

McCarver, Darrell/Terry

MORECI,  
MORRISON, Steve

4. Name of Business  
Playboy Club

5. Location of Business—Number and Street

7 S. Sacramento Street

City and Zip Code  
Lodi, 95240

County  
San Joaquin

6. If Premises Licensed,  
Show Type of License 48

8. Mailing Address (if different from 5)—Number and Street  
Same

9. Have you ever been convicted of a felony?

No

10. Have you ever violated any of the provisions of the Alcoholic  
Beverage Control Act or regulations of the Department per-  
taining to the Act? No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee; and  
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of San Joaquin

Date 3-10-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

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15. STATE OF CALIFORNIA

County of San Joaquin

Date 3-10-88

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16. Name(s) of licensee(s)

17. Signature(s) of Licensee(s)

18. License Number(s)

Elmer E. Ehrlich, by:

Dennis R. Ehrlich, Executor

48-138445

19. Location

Number and Street

City and Zip Code

County

Same

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☒ Fiduciary papers,

☐

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## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control  
1901 Broadway  
Sacramento, Calif. 95818

SAN JOSE BLOCKTON  
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for  
licenses described as follows:

## 2. NAME(S) OF APPLICANT(S)

XX GOLDMAN, Jerald G. & Evelyn

## 1. TYPE(S) OF LICENSE(S)

On Sale Beer & Wine  
Eating Place

ALICE H. REIM  
CITY CLERK  
CITY OF LODI

## FILE NO.

## RECEIPT NO.

GEOGRAPHICAL  
CODE 3902

Date  
Issued

Temp. Permit

Effective Date:

Applied under Sec. 24044 ☐

Effective Date:

## 3. TYPE(S) OF TRANSACTION(S)

Per 7 Per Transfer

FEE

\$ 150.00

LIC.  
TYPE

41

## 4. Name of Business

## 5. Location of Business—Number and Street

365 S. Hutchins

City and Zip Code

Lodi, CA 95240

County

San Joaquin

TOTAL

\$ 150.00

41

## 6. If Premises Licensed,

Show Type of License

41-201276

## 7. Are Premises Inside

City Limits? ☒

(Temp) (Perm)

## 8. Mailing Address (if different from 5)—Number and Street

Same

## 9. Have you ever been convicted of a felony?

XXX

NO

10. Have you ever violated any of the provisions of the Alcoholic  
Beverage Control Act or regulations of the Department per-  
taining to the Act? XXX NO

## 11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and  
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

## 13. STATE OF CALIFORNIA

County of San Joaquin

Date 3-21-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for an creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

14. APPLICANT  
SIGN HERE

X Jerald G. Goldman

Evelyn Goldman

## APPLICATION BY TRANSFEROR

## 15. STATE OF CALIFORNIA

County of San Joaquin

Date 3-21-88

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## 16. Name(s) of Licensee(s)

## 17. Signature(s) of Licensee(s)

## 18. License Number(s)

MATHER, Michael K.

X Michael K. Mather

41-201276

MCINE, Brandy S.

X Brandy S. McIne

MCCHARTY, Brian P.

X Brian P. McCharty

WOODARD, Ross H.

X Ross H. Woodard

## 19. Location

Number and Street

City and Zip Code

County

365 S. Hutchins

Lodi

CA

95240

San Joaquin

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☐ Fiduciary papers,  
☐ (OTHER)

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